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ABSTRACT

This paper reflects selected findings from a study of successful coping mechanisms used by elderly individuals who, approximately two years before the time of being interviewed, had experienced a major crisis identified as either: (1) the death of a significant individual with whom the elderly person has in most cases been living until the time of the bereavement, or (2) a debilitating illness which was life-threatening or permanently disabling. Essentially, the investigation sought to understand the impact of a major life crisis on elderly individuals, as well as identify the range and variety of coping mechanisms employed. (Author/VG)

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SUCCESSFUL COPING WITH CRISIS AMONG THE ELDERLY

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1.0 INTRODUCTION AND METHOD AND PROCEDURE

This paper reflects selected findings from a study of successful coping mechanisms used by elderly individuals who, approximately two years before the time of the CRA interview, had experienced a major crisis, identified as follows: either (1) the death of a significant individual with whom the elderly person had in most cases been living until the time of the bereavement, or (2) a debilitating illness which was life-threatening or permanently disabling.

Essentially, we were interested in understanding the impact of a major life crisis on elderly individuals, as well as in identifying the range and variety of coping mechanisms employed. The overriding question for the study was how do people cope? More specifically, what are the internal processes, and the informal and formal supports, which help individuals to handle a crisis in an adaptive manner?

In planning this study, we postulated that crisis would arouse, or heighten needs with respect to basic life need areas. In other words, that subjects would perceive themselves as being relatively more "needy," following crisis, with respect to such areas as social functioning, health status, housing, etc. Adhering to this formulation, coping becomes that process which is directed toward achieving need fulfillment in a manner which allows the individual to preserve his own internal organization and sense of autonomy.

Successful coping requires the mobilization and use of the executive functions of the ego: problem identification, identification and weighing of alternatives, and decision making. In our study we operationalized the coping process by asking individuals to talk with us about the arousal and resolution of needs in six areas: social, health, nutrition, housing, income, and transportation. In each of these six areas we explored the individual's conceptualization of the needs that were perceived to follow the crisis, the action steps taken to meet these needs, and the evaluation of the effectiveness of these action steps.

We conducted interviews with 200 elderly persons, 100 of whom had experienced a debilitating illness, and 100 of whom had experienced bereavement. The sample was further subdivided into equal cells according to sex, and to ethnicity: black or white. The entire sample was drawn from 34 senior centers in the Greater New York area, as we felt that this constituted a likely source for successful copers -- an assumption which is supported by the work of such others as Ingman, Tissue, Schramm and Storey, and ourselves in previous studies. At each location, center staff identified individuals who had experienced a study-defined crisis and who, moreover, had apparently handled the crisis in an effective and competent manner.

The majority of all interviewees were over seventy, and living alone. Only one was currently employed, although almost all, both male and female, had worked full time in earlier years.

Using the Hollingshead and Redlich (1957) two factor index of socioeconomic status, almost all individuals would be classified as lower SES. The only significant demographic differences among the study groups related to religion (most Blacks were Protestant, while half of the Whites were Catholic and one third Jewish), and to living status: as might be expected, more of the bereaved than of the illness group lived alone.

2.0 FINDINGS

Among the data collected by CRA were three measures of need: interviewees' recollection of need level prior to the crisis, recollection of need level immediately following the crisis, and current need level. On a scale of 1 to 5, in which '5' reflects the highest degree of satisfaction, the mean current need score, across all categories, was 4.3. There were significant differences among groups, which ranged from a mean score of 3.7 for housing, to 4.4 with respect to social needs. In general, however, the data on current need satisfaction support the view that the study sample consisted of people who have made successful adaptations to their crisis.

Turning to the retrospective data, we had predicted that there would be an arousal, or accentuation of need accompanying crisis, which would then be resolved, by these successful copers. This prediction was borne out: we found that current level of need was not significantly greater than the level ascribed to pre-crisis periods, while many more individuals reported a high

level of need during the period of immediate crisis. Examining this finding for each of the six levels addressed, we find that:

Thirty-nine percent of the respondents indicated a need with respect to companionship at the time of crisis; only thirteen percent reported such need currently. At both times, there was a significant effect associated with ethnicity: among the bereaved sample, significantly more Whites than Blacks reported initial and lasting feelings of loneliness and desire for social interaction.

Sixty-four percent of the respondents reported having experienced specific health needs associated with their crisis. Currently, only ten percent reported a sustained diminution of their level of satisfaction in this regard. There were no significant differences among study groups. The high proportion of bereaved individuals who experienced health needs following bereavement is consistent with the work of others in the field. The low percentage of disabled individuals who expressed dissatisfaction with their health two years post crisis reflects perhaps the enormous capacity for acceptance, minimization, and compensation which characterizes this group of successful copers.

Turning to nutrition, twenty-seven percent of all individuals reported specific need at the time of crisis, which became only ten percent by the time of the interviews.

There remained a significant difference between the illness and bereaved groups: nine times as many of the bereaved as the illness group reported a current need in this area. It seems that bereavement is more likely than illness to create significant and continuing problems in this area.

One in three individuals reported problems associated with income at the time of crisis; this figure had become twelve percent by the time of the interview.

With respect to housing, nineteen percent reported a problem at the time of crisis; the comparable current figure was eight percent.

Turning finally to transportation, forty percent report need at time of crisis, with only eleven percent making such report at the time of interview. There were significant differences between the bereaved and illness groups: among the illness group, twice as many reported unmet transportation needs. This difference undoubtedly reflects the difficulties in transportation associated with a disabling illness.

Turning now to the mechanisms used in achieving such reduction in need, all individuals were asked to identify those supports, either internal, informal, or service-related, which were most helpful to them post-crisis. While a very few mentioned specific formal service supports, e.g., homemaker

services, transportation by ambulette, meals program, etc., many individuals reported four sources of informal support: senior center, self-reliance, family, and religious faith.

Among all respondents, the senior center was mentioned by 63% as representing a source of personal support. Regardless of the type of crisis, sex, or ethnic status, all interviewees saw their center membership as providing them with peer support in the context of mutual life experience exchange, friendship, and companionship. In addition, there were specific center services, e.g., informal counseling, which were seen as extremely helpful. Thus, it seems that the senior center provides opportunities to develop and make use of both informal supports and formal services under one umbrella.

Self-reliance as a major source of support was mentioned by 57% of all study respondents. There were significant sex differences; men more than women across all groups mentioned self-reliance. No consistent differences were found for type of crisis or for ethnicity. The majority of all respondents felt that what had helped them cope after a crisis was their strong sense of self, and their firm belief in their need to persist and in their ability to manage.

The importance of family as a major source of support was mentioned by 52% of all respondents. There were no significant group differences with respect to type of crisis, sex, or ethnic status. Because most respondents were living alone, the family

support system involved visiting, assistance with chores of daily living, advice-giving, and financial assistance, rather than actual sharing of dwelling units.

Religious faith was mentioned as a support by 46% of all those interviewed. There were significant differences in terms of ethnicity; more Blacks than Whites mentioned their religious faith as a source of support. There was a significant interaction between sex and ethnic status: among the Blacks, more women than men relied on their religious faith. Finally, significantly more of the bereaved than of the illness group relied on their religious faith to see them through their crisis.

3.0 SUMMARY

To summarize, the major findings reported in this paper are as follows:

- Crisis arouses needs in the six need areas that were investigated.
- Problems are most likely to arise in the areas of health, transportation, income, and the need for social affiliation.
- Approximately 2 years post-crisis, the majority of individuals reported high levels of satisfaction in all of the need areas. It seems that those individuals who were identified as successful copers were indeed able to make positive adaptations to crisis-generated needs.

- In general, it appears that bereavement engenders problems for more people than does illness. A notable exception is in the area of transportation in which more of the ill than the bereaved report difficulties.

- The peer support network and services available in senior centers, self-reliance, family, and religious faith, were identified as the major sources of support. While formal services were used, they were seen as less important and were used by considerably fewer individuals than were the largely internal and informal sources of support mentioned above.

In conclusion, even this partial review of study data suggests that there are very specific decrements, in specific need areas, which are associated with the onset of crisis -- and that, among successful copers at least, these needs become reduced, over time. This suggests that social service staff in a variety of settings should focus upon such specific areas in seeking to help an individual through crisis.

Further, the study again supports the vital role played by informal supports. While a number of formal services were used by the respondents, enduring, comprehensive support, leading to need resolution, was more frequently associated with the informal support system, even as regards specific need areas.